

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	X					
2						
3	X					
4	X					
5	X					
6	X					
7	X					
8	X					
9	X					
10	X					
11	X					
12	X					
13	X					
14			X			
15			X			
16			X			
17			X			
18			X			
19			X			
20			X			
21			X			
22			X			
23			X			
24			X			
25			X			
26			X			
27			X			
28			X			
29			X			
30			X			
31			X			
32			X			
33			X			
34			X			
35			X			
36			X			
37			X			
38			X			
39			X			
40			X			
41			X			
42			X			
43			X			
44			X			
45			X			
46			X			
47			X			
48			X			
49			X			
50			X			
TOTAL IND.	2		2			
TOTAL DEP.	3		11			
TOTAL CLAIMS	18		18			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						